

Town of Reading Health Insurance Rates Effective July 1, 2016 to June 30 2017 Medex Rates Adjusted to January 2017 Rate

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				<u>Monthly</u>				<u>COBRA</u>
		Deduction		<u>Employee</u>	<u>Monthly</u>	<u>Employee</u>	<u>Town</u>	<u>Monthly</u>
		Codes	Monthly Premium	<u> 29% </u>	Town 71%	Annual	Annual	Premium
Network Blue	e Options v	2 HMO						
	Individual		798.15	231.46	566.69	2777.56	6800.24	814.11
			2138.01	620.02	1517.99	7440.27	18215.85	2180.77
BlueCross BlueShield	Family		2130.01	020.02	1317.99	7440.27	16213.63	2160.77
=								
24 Pay	Individual	2000/8000	Payroll Deduction	115.73				
	Family	2020/8020	Payroll Deduction	310.01				
20 Pay	Individual	2005/8005	Payroll Deduction	138.88				
	Family	2025/8025	Payroll Deduction	372.01				
12 Pay	Individual	2010/8010	Payroll Deduction	231.46				
/	Family	2030/8030	Payroll Deduction	620.02				
	r dilliny	2030/0030	r dyron Dedoction	020.02				
PPO Blue Options v.2 PPO								
	1	<u>. U</u>	005.07	000.51	571.01	2000 (0	4041.75	001.40
	Individual		805.37	233.56	571.81	2802.69	6861.75	821.48
BlueCross BlueShield	Family		21 <i>57</i> .32	625.62	1531.70	7507.47	18380.37	2200.47
24 Pay	Individual	2040/8040	Payroll Deduction	116.78				
	Family	2060/8060	Payroll Deduction	312.81				
20 Pay	Individual	2045/8045	Payroll Deduction	140.13				
,	Family	2065/8065	Payroll Deduction	375.37				
		2000/0000	. 4/1011 2 0 4 0 0 1 0 11	0, 0.0,				
12 Pay	Individual	2050/8050	Payroll Deduction	233.56				
12109		· · · · · · · · · · · · · · · · · · ·	·	625.62				
	Family	2070/8070	Payroll Deduction	025.02				
	ı	ı						_
<u>Medex</u>								
M1	One Medex 2 with Blue Medicare RX							
		8080	324.10	93.99	230.11	1127.87	2761.33	330.58
M2	Two Medex	2 with Blue	Medicare RX					
		8081	648.20	187.98	460.22	2255.74	5522.66	661.16
					0			
м3	HMO B	lue Ind. & M	edex 2 with Blue					
-		8083	1122.25	325.45	796.80			
			1122.23	323. 1 3	, , 0.00			
M4	PPO Rivo	Individual 2	Medex 2 with Blue					
/*\ ~	110 blue		1129.47	327.55	801.92	3930.56	9623.08	1152.06
		8084	1129.4/	32/.35	001.92	3730.36	9023.08	1132.06
	75.07			_				
	altus			Employee				
Altus Dental	-dental-	ļ	Monthly Premium	Deductions				
	Altas Dertai Insurance Company, Inc.							
24 Pay	Individual	2100	55.46	27.73		665.52		
	Family	2120	144.71	72.36		1736.52		
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20 Pay	Individual	2105	55.46	33.28		665.52		
,	Family	2125	144.71	86.83		1736.52		
-	,	2123	177./ 1	00.00		17 00.52		
12 Pay	Individual	2110	55.46	55.46		665.52		
1 Z F U Y		2110						
	Family	2130	144.71	144.71		1736.52		